

Process for New or Inactive CMH Clients who only need Respite Services

Purpose: Respite services are for all children with a SED diagnosis, regardless of CMH program status. These services are intended to support families with SED children through preventing the need for hospitalization or higher level of care.

Clinicians will:

- Verify SED diagnosis through collateral contact with community provider or,
- Verify SED diagnosis through review of existing documentation provided by the family or community provider.
 - For example: psychological evaluation, educational documentation (i.e. IEP), or other documents that provide clear diagnostic evidence of SED.
- Complete Client Profile and Intake
- Create the Respite Program Enrollment
- Create Non-Billable Encounter Note and document the child's SED status and justification for services.
- Create the Voucher and give the family the Voucher and Introduction Letter for IFF.
- Close Respite Program Enrollment and Intake when services are no longer needed.

Search/Create & Complete the Client Profile

1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen. **Search for an existing record by entering the first 3 letters of the last name followed by an ***. If the client already exists in WITS, proceed to step 5.
2. If the system does not return a match, Click **Add Client** on the right-hand side of the blue bar.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise

Client Search

Agency: IDHW, DBH, Region 4 | Facility: [Dropdown]

First Name: [Text] | Last Name: Smith

SSN: [Text] | DOB: [Text]

Idaho-WITS Training Client Id: [Text]

Unique Client Number: [Text] | Provider Client ID: [Text]

Treatment Staff: [Dropdown] | Primary Care Staff: [Text]

Case Status: All Clients | Intake Staff: [Dropdown]

Other Number: [Text] | Number Type: [Dropdown]

Include Only Active Consents: Yes

Clear Go

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
[Icon]	20413182862103A	Huckleberry, Caldonia B	4/13/1982	514-33-8621	Female
[Icon]	11014174967407E	June, George	10/14/1974	123-65-9874	Male
[Icon]	10810205000001L	Smith, Albert	8/10/1985	000-00-0000	Male

3. Complete the **Client Profile** screens which include:
- a. Client Profile
 - b. Additional Information
 - c. Contact Info (Address).

4. Click **Activity List** on the Navigation Pane.

Home Page

Agency Contacts

▶ Agency

▶ Dispensary

▶ Group List

Clinical Dashboard

▼ Client List

▼ Client Profile

Alternate Names

Additional Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

Authorization

Employment

Allergies

Client External History

Gain Short Screener

▶ Benefit Application

Linked Consents

Client Contacts

Non-Episode Contact

▶ Activity List

Client: Smith, Alice | 20108204303001L

Clear Client

Profile

First Name

Alice

Middle Name

Last Name

Smith

Suffix

Gender

Female

DOB

1/8/2004

SSN

111-22-3030

Provider Client ID

Unique Client Number

20108204303001L

State Client ID

Record Created By

Wherry, Sue

Last Updated By

Wherry, Sue

Created Date

1/7/2016 6:01 PM

Last Updated Date

1/7/2016 6:04 PM

Date of Death

Driver's License

Access Category

Child

Has paper file

Yes

Administrative Actions

Download c32

View c32

Cancel

Save

Finish

➔

Alternate Name

Actions	Last Name	First Name	Middle Name	Client Alias Type

Addresses

Create/Complete the Intake

- Click **Start New Episode** on the right-hand side of the blue bar.

- Complete all **yellow fields** on the Intake. Click **Finish**.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise | Snapshot

Client: Smith, Alice | 20108204303001L | Clear Client

Please select a case, or click Start New Episode.

Start New Episode

Actions	Case #	Status	Facility	Intake By	Intake Date	Closed Date	Latest PE	Domains

Client: Smith, Alice | 20108204303001L | 1 | Clear Client

Intake Case Information

Intake Facility: Boise
Intake Staff: Wherry, Sue
Initial Contact: Other
County of Res.: ADA
Source of Referral: Education/School
Referral Contact: [Add Collateral Contact](#)
Is client under court supervision? No
Supervising County:
Inter-Agency Service: Adult Protection, Court/Legal Interface, Developmental Disabilities, Domestic Violence Service Provider
Domains: Mental Health
Date Closed:
Case # 1
Case Status: Open Active
Date of First Contact: 12/28/2015
Intake Date: 12/28/2015
Pregnant: No
Due Date:
Priority Population: CMH #3 Voluntary
HIV Tested?
Past IV Drug Use:
Presenting Problem (In Client's Own Words): Client's Comments
Inter-Agency Service Selected: Other
Selected Domains: Children's Mental Health
Cancel Save Finish

Create/Complete a Client Eligibility Record

7. Click **Client Eligibility** on the Navigation Pane.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise

Client: Smith, Alice | 20108204303001L | 1 Clear Client

Home Page

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Client List

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Gain Short Screener

Benefit Application

Linked Consents

Client Contacts

Non-Episode Contact

Activity List

Intake

Client Eligibility

Fee Determination

Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	12/28/2015	1/7/2016	Completed
	Intake Transaction	12/28/2015	1/7/2016	Completed

8. Click **Add New** on the right-hand side of the blue bar.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise

Client: Smith, Alice | 20108204303001L | 1 Clear Client

Snapshot

Home Page

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Clinical Dashboard

Client Eligibility List

Actions	Date	Type	Eligibility	Determination Date

Add New

9. Complete all **yellow fields**.

NOTE: If the client does not have an **Assessment in this Episode of Care**, **select Withdrawn as the Client Eligibility Status**.

10. **Indicate eligibility for Respite Care in the Comments Box.**

11. Click **Save** and **Finish**.

NOTE: Approval or Denial Client Eligibility Letters will NOT be utilized for clients with an Eligibility Status of Withdrawn.

Create the Program Enrollment

12. Click **Program Enroll** on the Navigation Pane.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise

Client: Smith, Alice | 20108204303001L | 1 Clear Client

Client Eligibility Profile

Mental Health Assessment: Date:	Recommendation:	Type:	Client Type:	Court Monitoring:
CAFAS/PECFAS: Date:	Type:	Overall Score:		
CA/LOCUS: Date:	Type:	Level of Care:		
Name				
Consent to Treat: (Relation): Smith, Anne (Mother)				
Type	Voluntary		Location of Client	Add Contact
Date of First Contact	12/28/2015		DE/Evaluation?	
Initial Assessment Date			Evaluator	Type here to search...
Assessment Staff			Evaluation Date	
Client Eligibility Status	Withdrawn		Court Monitoring Activity	
Final Determination Date	12/28/2015		Date Decision Reversed on Appeal	
MH Appointment Date			MH Appointment Time	MH Appointment Staff
Ineligible Reasons	No Mental Health Diagnosis Diagnosis not Eligible Eligible diagnosis: No functional Impairment Functional Impairment; No Eligible diagnosis		Selected Ineligible Reasons	Referral To
Comments Eligible for Respite Care				
			Cancel	Save Finish

Client Activity List

Actions	Activity
	Client Information (Profile)
	Intake Transaction

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Program Enroll

13. Click **Add Enrollment** on the right side of the blue bar.

14. Select **Respite Care** as the Program Name.
Edit the Start Date as necessary.

15. Click **Finish**.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise | Snapshot

Client: Smith, Alice | 20108204303001L | 1 Clear Client

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Program Enrollment

Program Name: Facility: Modality: From: To: Active Program Enrollments During Date Range 1/7/2015 1/7/2016 Clear Go

Program Enrollment List

Actions	Program Name	Start Date	End Date	Facility	Notes

Finish

Add Enrollment

Client: Smith, Alice | 20108204303001L | 1 Clear Client

Program Enrollment Profile

Facility: Boise Days on Wait List: Start Date: 12/28/2015 End Date: Program Name: Respite Care Program Staff: Wherry, Sue Termination Reason: Notes: Cancel Save Finish

Create an Non-Billable Encounter Note

16. Click Encounters on the Navigation Pane.

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Clinical Dashboard

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Gain Short Screener

▶ Benefit Application

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Program Enroll

▶ ECourt

▶ Encounters

Client Activity List

Actions	Activity
	Client Informa
	Intake Transa
	Client Prograr
	Miscellaneous
	Client Eligibili

17. Click Add Encounter on the right side of the blue bar.

Client: Smith, Alice | 20108204303001L | 1

Clear Client

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Linked Consents

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Non-Episode Contact

No results match your search criteria.

Encounter Search

Start Date1/8/2015

End Date1/8/2016

Rendering Staff

Service

Encounter Status

Program

Allow Disclosure of Note

Clear


Go

Encounter List (Export)

Add Encounter

Actions	Svc Date	Service	ENC ID	Rendering Staff	Program Name	Status

18. Complete all **yellow fields**.

Click on the 

Enter a note in the Unsigned Notes box documenting the child's SED status and justification for services.

19. Click **Sign Note**.

NOTE: Selecting Sign Note will move the Unsigned Note to the Signed Notes box and will include the electronic signature of the person, and the date and time the note was signed. The Note is no longer editable.

Client: Smith, Alice | 20108204303001L | 1

Clear Client

Encounter

Note TypeCase Management Note

ENC ID

ServiceRespite Care

Parent Service

Program NameBoise/Respite Care : 12/28/2015 - 1/7/2016

Service LocationOffice

Start Date12/29/2015

End Date

Start Time

End Time

Duration

EmergencyNo

HomelessNo

InteractiveNo

of Service Units/Sessions1

Pregnant

Service CategoryOP-Outpatient

Client AttendedYes

Created Date

Diagnoses for this Service

Primary

Secondary

Tertiary

Rendering StaffWherry, Sue

Supervising Staff

Referring Phys

Administrative Actions

Release to Billing

Cancel

Save

Finish

Encounter Notes

Goal Progress

Add Goals

Add Goals

Actions	Goal #	Goal	Description

Add Objectives

Add Objectives

Actions	Obj. #	Objective	Description

Add Interventions

Add Interventions

Actions	#	Intervention	Status

Signed Notes

Signed by Wherry, Sue, 1/8/2016 3:23:51 PM:
note: documenting the child's SED status and justification for services Enter

Allow DisclosureYes

Cancel

Save

Finish

Unsigned Notes

20. In administrative actions box click **Release to Billing.**

Client Profile

Gain Short Screener

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Profile

Encounter Note

Services

Immunization

Notes

Treatment

Continuing Care

Discharge

Consent

Referrals

Payments

Episode List

Add Objectives

Actions	Obj #	Objective	Description

Add Interventions

Actions	#	Intervention	Status

Signed Notes

Signed by Wherry, Sue, 1/9/2016 3:23:51 PM:
note documenting the child's SED status and justification for services Enter

Allow Disclosure Yes Cancel Save Finish ← →

Unsigned Notes

Add Note

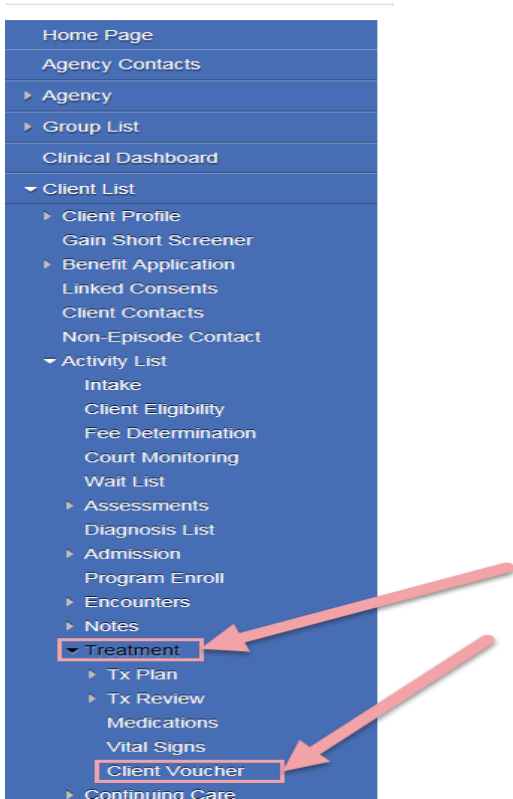
Sign Note

Administrative Actions

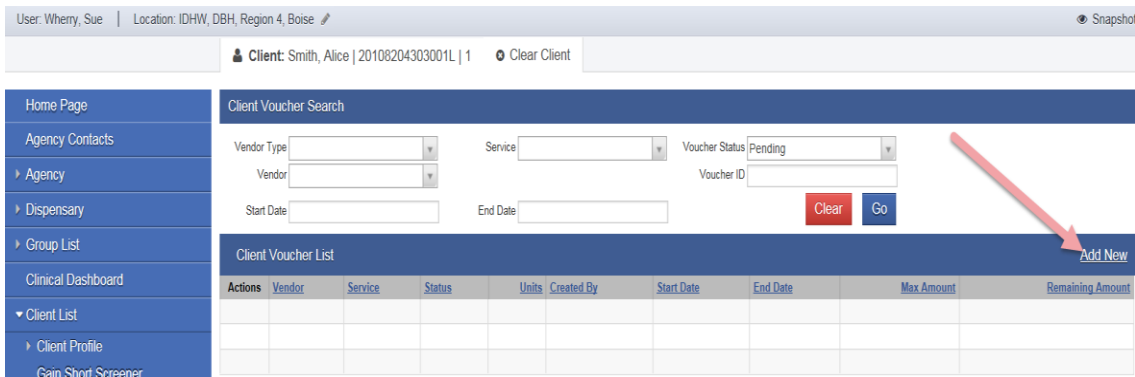
Release to Billing

Create Voucher for Respite Services

21. Click **Treatment** and **Client Voucher** on the Navigation Pane.



22. Click **Add New** on the right side of the blue bar.



23. Complete all yellow fields on the Voucher Profile.

24. Click Save and Finish.

NOTE: The Voucher must be approved by a staff person with the Voucher Sign-Off permission. The staff person who created the Voucher cannot Sign the Voucher.

25. Provide the family with the Voucher and Introduction Letter for IFF.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise | Generate Report | Snapshot


Client: Smith, Alice | 20108204303001L | 1 | Clear Client

Client Voucher Profile

Agency	IDHW, DBH, Region 4	Facility	Boise	Voucher #	
Client First	Alice	Client Last	Smith	Status	
Unique Client Number	20108204303001L				
Service	Respite Care				
Vendor	Idaho Federation of Families				
Units	10	Amount(Max)			
Start Date	12/28/2015	End Date	01/25/2016		
For use by					
NOTES					
Created By		Created On			
Updated By		Updated On			
Duration		Duration Type			
Dollar for Dollar	Yes				
Rate	\$0.01				

Cancel Save Finish

Close the Program Enrollment

26. At the completion of Respite Care Services, close the Program Enrollment. On the Client Activity List, hover over the  and click **Review** under the actions column for the Program Enrollment.

27. Enter the End Date, select the Termination Reason, and enter Notes as clinically appropriate. Click **Finish**.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise

Client: Smith, Alice | 20108204303001L | 1 Clear Client

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Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	12/28/2015	1/7/2016	Completed
	Intake Transaction	12/28/2015	1/7/2016	Completed
Review	Client Program Enrollment (Respite Care)	12/28/2015	1/7/2016	Completed
	Note Summary	12/28/2015	12/28/2015	Not Applicable
	Client Eligibility	1/7/2016	1/7/2016	Withdrawn

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise

Client: Smith, Alice | 20108204303001L | 1 Clear Client

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Program Enrollment Profile

Facility Boise
Program Name Respite Care
Program Staff Wherry, Sue
Termination Reason Admin termination
Notes Respite Care has ended

Days on Wait List
Start Date 12/28/2015
End Date 1/7/2016

Cancel Save Finish

Close the Intake

28. Click **Intake** on the Navigation Pane.

Client: Smith, Alice | 20108204303001L | 1 Clear Client

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Program Enroll

Program Enrollment

Program Name: Facility:
Modality: From: To:
Active Program Enrollments During Date Range: 1/7/2015 1/7/2016

Program Enrollment List

Actions	Program Name	Start Date	End Date	Facility	Notes
	Respite Care	12/28/2015	1/7/2016	Boise	Respite Care has ended

29. Enter the **Date Closed** and click **Save & Close the Case**.

Client: Smith, Albert | 10810205000001L | 1 Clear Client

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Intake Case Information

Intake Facility: Case #
Intake Staff: Case Status:
Initial Contact: Date of First Contact:
County of Res.: Intake Date:
Source of Referral: Pregnant: Due Date:
Referral Contact: Priority Population:
[Add Collateral Contact](#) HIV Tested?:
Is client under court supervision? Past IV Drug Use:
Supervising County: Presenting Problem (In Client's Own Words):
Inter-Agency Service Selected:
Domains: Selected Domains:
Date Closed: Save & Close the Case
Cancel Save Finish

Dec 2015

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

30. The Case is closed and all client activities are Read-Only.

User: Wherry, Sue | Location: IDHW, DBH, Region 4, Boise

Client: Smith, Alice | 20108204303001L | 1

Clear Client

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Intake Case Information

Intake FacilityBoise

Intake StaffWherry, Sue

Initial ContactOther

County of Res. ADA

Source of ReferralEducation/School

Referral Contact

Is client under court supervision? No

Supervising County

Case #1

Case StatusClosed

Date of First Contact12/28/2015

Intake Date12/28/2015

Pregnant No

Due Date

Priority PopulationCMH #3 Voluntary

HIV Tested?

Past IV Drug Use

Presenting Problem (In Client's Own Words)Client's Comments

Inter-Agency Service

Adult Protection

Court/Legal Interface

Developmental Disabilities

Domestic Violence Service Provider

Inter-Agency Service Selected

Other

Domains

Mental Health

Selected Domains

Children's Mental Health

Date Closed1/7/2016

Re-Open Case

Finish

Actions

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